

Part I: EMS System Review

2008 Emergency Medical Services Levy Planning, Regional Paramedic Service Review and the Implementation of New Service in 2006

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It is always a welcome, although difficult, decision to determine which of the several regional themes or programs I should focus on for this section of the EMS Annual Report. This year I have chosen two major themes for discussion: (1) planning for the upcoming levy in 2008, and (2) regional paramedic service review and implementation of new service in 2006. Regional review of paramedic services is an important aspect of planning for the next levy since paramedic services are also one of the important drivers of EMS levy expenditures and the levy rate itself. A reliance on regional stakeholders successfully working together is something both of these themes share as an important common element.

2008 EMS Levy Planning

Introduction: The EMS Division and the region of King County are preparing for an EMS levy reauthorization at the General Election in November 2007 (levy tax collection would begin in 2008). In brief, planning for levy reauthorization will begin this year and involves a staged approach in which a Technical Advisory Group of representatives from stakeholder groups (emergency physicians, fire departments, paramedic providers, dispatch centers, hospitals, private ambulance companies, and labor) will develop recommendations for the next EMS levy.

It is anticipated that there will be several subcommittees organized around the primary areas of paramedic or advanced life support (ALS) services, basic life support (BLS) services, regional services, strategic initiatives, and financial issues. The technical planning process will be overseen by a steering committee which includes medical directors, representatives from North/East King County, South King County, and Seattle, in addition to the EMS Division.

The technical recommendations will then be brought to a regional stakeholder group of elected officials convened by the King County Executive in Spring/Summer 2006. They will review and finalize the regional EMS Strategic Plan for the 2008 levy period and beyond. This EMS Strategic Plan will serve, as the current *2002 EMS Strategic Plan Update* does, as the major guiding policy and financial document for the region. Regular communications about progress will be distributed to major stakeholders and interested parties.

This lengthy regional process is critical in order to develop strong regional consensus about EMS service priorities among cities and fire districts across King County. The entire region is currently benefiting from the extensive planning process that was previously established and resulted in an effective and useful strategic plan. In order for this plan to be presented to voters

countywide, it must be approved by the councils of all cities over 50,000 in population and the King County Council. There are currently six cities over 50,000 (Bellevue, Federal Way, Kent, Renton, Seattle, and Shoreline), but it is projected that there could be as many as eight by 2007, perhaps more depending on annexations and growth in the next two years.

The regional process for reauthorizing the EMS levy requires significant time in order to conduct the necessary technical analyses, garner consensus that will result in a regional proposal, and allow sufficient time for the cities to review and approve the plan.

Background: The current EMS levy was approved for a period of six years (2002-2007), at a levy rate of \$.25 per \$1,000 of Assessed Valuation (AV). Regional EMS services in King County have been partially supported by an EMS levy since 1979. They have typically been approved for six-year periods with rates in recent years ranging from \$.25 per \$1,000 to \$.29 per \$1,000. Current Washington State Law permits EMS levies to be approved for six years, ten years, or on a permanent basis. However, EMS levies in King County have never been authorized for more than six years. Also by state law, EMS levy funds can only be used for EMS operations and support purposes.

In 2005, the EMS levy raised more than \$57.45 million dollars countywide. About 35% of these funds (\$20.35 million) were raised in the City of Seattle, and in agreement with King County, Seattle keeps all EMS levy funds raised in the city. The funds support EMS activities similar to those carried out in the rest of the county (paramedic services, basic life support services, and support programs and activities).

The remainder of the EMS assessment, approximately 65% of the total amount (\$37.1 million), is distributed by King County to support paramedic services, first response basic life support services, and support services such as training, continuing medical education, medical control, planning and evaluation, and other similar regional activities. King County provides \$375,000 annually in Current Expense (CX) funds to King County Medic One (the County's paramedic program) to assist with operational costs of the program.

The regional EMS system uses the EMS Strategic Plan as the primary guiding policy document. The most current plan is the *2002 EMS Strategic Plan Update* developed in 2000-2002 by consensus among regional stakeholders and approved by the King County Council. The plan outlines four major funding areas and currently recommends annual growth in the allocations which support these funding areas, including:

- Paramedic (Advanced Life Support) services, including planned new services during the levy. A major goal of the current EMS levy, as well as past levies, is to support 100% of the cost of providing regional paramedic services.
- Primary EMS response (Basic Life Support services) by local fire departments. The EMS levy provides a relatively small portion of funding necessary for this service. Most BLS funding support is derived from local fire district and city taxes.
- Regional programs and services managed by the EMS Division, including oversight of a six-year financial plan for EMS levy funds (supports major activities and provides for planned service increases over the course of the levy period).

- Strategic Initiatives designed to increase the efficiency and cost-effectiveness of EMS activities.

Major Levy Components: As described above, the EMS levy currently supports four major funding areas included in the financial plan. Along with several other major policy issues related to the length of the EMS levy, and the actual levy rate itself, these sub-funds provide a useful structure for organizing and discussing some of the major issues in the upcoming levy.

Length of EMS Levy: RCW 84.52.069 offers several options for the length of the levy, including 6 years, 10 years, and a permanent levy. Historically in King County, the EMS levy has been approved for six-year periods with the exception of one three-year levy following the levy failure in 1997.

EMS Levy Rate: RCW 84.52.069 authorizes an EMS levy rate up to \$0.50 per \$1,000 AV. The first \$0.30 of this amount is held exclusively for EMS. The additional \$0.20 is secondary to other levies and could roll back any EMS levy above \$0.30. Under state law, local jurisdictions could seek local voter approval for any additional levy capacity not included in the regional levy, but not in the same year the regional levy is on the ballot.

Historically, King County has not authorized a levy above \$.29 cents and no jurisdiction has sought the additional levy capacity. The EMS levy rate selected in 2008 will be driven by regional recommendations made about the number and level of support for paramedic services, the addition of new services, the amount allocated for BLS, and the amounts allocated to regional support services and new strategic initiatives.

Paramedic Service and Funding Allocations: It is anticipated that paramedic service will continue to be the regional levy priority in the upcoming levy as it has been in past levies. It is also assumed that the financial plan will include funding levels which will ensure ongoing 100% support for paramedic service, including adequate annual increases to ensure that full funding is maintained and not shifted to the providers. New paramedic services will need to be planned and included in the financial projections. Adequate funding levels for providing paramedic service in outlying areas needs to be identified and included in the financial plan.

The annual inflation factor for the per unit paramedic allocation in the current levy is based on Consumer Price Index (CPI). There have been adequate reserves to provide an additional allocation amount above CPI three times during the current levy. Although this approach has worked in the first three years of the levy, there are some signs that costs may be shifted to the paramedic providers in the future, contrary to the general guidelines of the *2002 EMS Strategic Plan Update*. Expenses, particularly in labor and medical supply costs, have historically exceeded CPI. A more rigorous and responsive method of ensuring annual increases in paramedic allocation needs to be identified in order to ensure continued full funding of paramedic services.

One already anticipated ALS need for the next levy period is the provision of paramedic service in rural areas, especially those along major east-west roadways. The Skykomish/ Fire District #50 area is currently a priority, since other outlying areas in Snoqualmie Pass (Interstate 90

corridor) and Highway 12 east of Enumclaw already receive service by paramedic units by Bellevue Medic 3 and King County Medic 12, respectively.

One service proposal developed in 2004 by the EMS Division for winter paramedic service in Fire District #50 was not approved by the EMS Advisory Committee and the EMS Medical Program Directors. An alternative proposal is currently in development for presentation to the EMS Advisory Committee. An important issue in the upcoming levy will be the development of a regional policy regarding the provision of medic service in outlying areas.

BLS Funding: The current EMS levy provides a BLS allocation to fire departments. This allocation constitutes a small part of actual fire department expenses related to the provision of BLS services. This portion of the EMS system is largely funded by local taxes. Fire departments and fire districts are very interested in reviewing the amount of funding included for BLS in addition to the BLS funding formula (which utilizes primarily assessed valuation and number of EMS responses to calculate BLS allocations). In addition to providing full funding for paramedic services, increased BLS funding is going to be a primary issue for many fire departments in the upcoming 2008 levy.

Regional Support Services: Region wide support services will continue to be needed in the next levy period. Regional medical direction, training for EMTs and dispatchers, CPR/AED training, planning and evaluation, prevention programs, management of the EMS levy fund, administrative support, and other programs will be reviewed and updated as part of the levy planning process. The EMS Division will also continue to develop web-based training for EMS personnel and dispatchers that will also be made available for license by other statewide and national EMS agencies.

Regional Strategic Initiatives. Strategic initiatives are identified in the *2002 EMS Strategic Plan Update* as mechanisms for managing the growth in paramedic calls and developing EMS system efficiencies and cost-effective programs. Significant progress on these initiatives has been made in the current levy and these efforts should be maintained in the upcoming levy. Strategic Initiatives are likely to continue in areas of dispatch, advanced technology projects, and EMS system efficiencies.

Regional Paramedic Service Review and New Service in South King County

Successful planning for the next levy period will require accurate projection of paramedic unit needs and adequate provision of funds to support these demands. A variety of factors are used in the analysis, including unit demand trends, estimates of paramedic cost, population growth, potential impact of demand reduction programs, and new construction and assessed valuation projections. This enables the EMS system to ensure ALS needs can be met during the length of the levy period. The importance and interdependence of each of these factors cannot be understated. The provision of quality emergency medical services in King County depends on the development of regional policies that meet these financial obligations.

Two notable regional planning activities serve as excellent examples of the dynamic interplay between these factors during the current 2002-2007 levy period and may assist in developing regional policies regarding future demands beyond 2008. These examples include (1) the conversion of two medic units staffed by one EMT and one paramedic (EMT-P) units to 2-paramedic units, and (2) the implementation of a planned half-time medic unit in South King County. While implementation of planned services in 2006 was included in the *2002 EMS Strategic Plan Update*, the operational and financial conversion of the two EMT-P units to full 2-paramedic staffing was not included in the plan and required strong regional effort to resolve.

Conversion of EMT/Paramedic Units to Two-Paramedic Staffing: In 2002, the first year of the current levy period, the EMS Medical Program Directors and the EMS Advisory Committee recommended the conversion of two EMT-P units to 2-paramedic unit staffing as funding allowed. The recommendation reflected the fundamental belief that paramedics are trained to operate in pairs and the EMT-P model forces the paramedic to operate outside this standard practice. In addition, EMT-P units were originally intended as a temporary solution to providing paramedic service in rural areas and were expected to be converted to 2-paramedic units when demand increased.

Each EMT-P unit received the equivalent of one-half a medic unit allocation from the EMS levy (about \$700,000 per unit in 2004). The other half of unit funding was provided by the local fire department. Since no specific financial provision was made in the EMS Financial Plan for this conversion, this recommendation posed serious financial challenges for the region. One EMT-P unit was successfully converted to a 2-paramedic unit in 2003 as a result of a unique financial partnership between the local medic provider, fire department, and the EMS levy fund. The arrangement at the time allowed the EMS levy fund to contribute one-half of the increase with additional funds provided by the medic provider and the fire department. Circumstances prevented a similar financial arrangement from taking place in the case of the second EMT-P unit.

This issue could potentially have caused deep dissension in the EMS region, but paramedic service providers, fire departments, and the EMS Division were able to develop a consensus plan allowing a rapid yet staged conversion to full funding for both EMT-P units, and thus, conversion of the remaining EMT-P unit to a 2-paramedic unit. As part of this new plan, additional funding for Vashon Island Medic One was also approved to assist the paramedic program in avoiding an inevitable EMT-P staffing model should funding not be available.

As of May 2005, both EMT-P units have been converted to a 2-paramedic staffing model. In adherence to the staged funding plan, one unit received full EMS levy funding effective May 2005. The second unit will receive full EMS levy funding beginning January 2006. A strong regional effort allowed the recommendation of the Medical Directors and the EMS Advisory Committee to be achieved during the current levy.

Addition of New Paramedic Service in South King County: The *2002 EMS Strategic Plan Update* specifically outlined the need for the addition of an equivalent of 4.3 new medic units throughout the region during the six-year levy period (refer to pages 35-40 of the plan for more details). A thorough regional review of all paramedic programs using workload projections, performance indicators, other performance indicators, and demographic considerations led the

EMS 2002 Task Force to approve staff recommendations for the additional paramedic service. Thus far, placement of new medic service has been implemented as predicted in the *2002 EMS Strategic Plan Update* and the EMS Financial Plan for the current levy period. The last of these medic unit additions and/or upgrades is scheduled for placement in September 2006 in South King County pending approval of the proposed 2006 EMS budget by the King County Council.

Implementation of this final planned unit, Medic 13, was preceded by an extensive regional unit analysis in early 2005 by paramedic providers and fire departments. This review helped ensure that the projections originally cited in the *2002 EMS Strategic Plan Update* were indeed still valid, and that an operational need existed for new paramedic service in South King County. When approved, Medic 13 will serve as a half-time, peak-hour medic unit in the Des Moines area in support of Medic 4 to the north, Medic 8 to the south, and Medic 7 to the east.

The peak-hour workload for Medic 13 is estimated to be approximately 750 calls. The implementation plan for Medic 13 also anticipates that two paramedic units (Medic 5 and Medic 7) will be moved from their current quarters to new locations in order to maximize the efficiencies of all paramedic units in the regional system. The implementation plan will be done in a staged manner – at about six month intervals - in order to ensure that any operational and service issues are identified and that there is adequate time to address any logistical issues that may arise.

The addition of this and other planned paramedic services is possible because services were projected and the estimated cost of the service were included in the six-year EMS Financial Plan, thus ensuring that adequate funds were available when the time came for unit placement. This was not the case in the conversion of EMT-P units to two-paramedic staffing, although a strong regional partnership allowed the EMS Division to successfully address the challenge.

Summary

This year's overview covers two significant and related issues, the planning process for the next levy period and the regional review of paramedic services in King County. The levy planning process will examine the current regional EMS system and consider some potential new directions regarding the length of the levy, programs and operations, and funding structure. The region has continued to address ongoing paramedic service needs, including a full review of the status of paramedic services, unplanned and unbudgeted conversion of two EMT/Paramedic services to fully-staffed paramedic units by January 2006, and recommendations for new peak-hour paramedic services in South King County in 2006. The spirit of partnership with which the region resolves EMS issues bodes well for a successful planning effort for the upcoming levy.